

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Kamehame Home	CHAPTER 89
Address: 1019 Kamehame Drive, Honolulu, Hawaii 96825	Inspection Date: December 4, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-19 <u>Nutrition.</u> (c) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit. <u>FINDINGS</u> Resident #1 – Physician's order on 11/20/20, 8/31/20, 5/13/20, and 2/6/20 stated "High calorie diet." No documentation that the diet order was clarified.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The home manager contacted the primary physician for order clarification on December 11, 2020. Received written clarification of diet order. See attached.</p>	<p style="text-align: right;">12/14/20</p>

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<input checked="" type="checkbox"/> §11-89-19 <u>Nutrition.</u> (c) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit. <u>FINDINGS</u> Resident #1 – Physician's order on 11/20/20, 8/31/20, 5/13/20, and 2/6/20 stated "High calorie diet." No documentation that the diet order was clarified.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Home manager received in service training regarding updating of diet orders. In the future the home manager will clarify as needed, any new diet orders in a timely manner. Home manager will update the physician order sheet in a timely manner to reflect the change in diet. The nurse case manager continue her quarterly review of records and will advise the home manager of any corrections needed.</p>	<p style="text-align: right;">12/10/20</p>

Licensee's/Administrator's Signature: Christine Menezes, Director of Ops.

Print Name: Christine Menezes, Director of Operations

Date: December 16, 2020
